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Color Manual Color (Color Manual Color Manual 12/21/2006 I hereby certify that this Fre(s) Transmittal is being deposited with the United States Pestal Service with sufficient resistant for first class state in an envelope addressed to the Mail Stop ISSUE FEE address above, or being Goscianian (2007) 273-2865, on the date indicated below. Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A. Smite 1401 285 South Orange Avenue P.O. Bex 3791 Blanca work Agost Orlando, Fl. 32803-3791 (S.gonenue) CONFIRMATION NO. FIRST SAMED SYVENTOR ATTORNÍSY BOCKET NO. APPLICATION NO. FILING DATE 32003.803 5308 10/6/49,287 08/27/2003 Jook Saltiel TITLE OF INVENTION: METHOD OF PROTOCHEMICAL SYNTHESIS OF VITAMIN DS ISSUE FEE DOE PUBLICATION FEE DUE PREV PARO ISSUE PES TOTAL FEETS) DOE GAME WATER SMALL ENTITY APPOLIS, TYPE Y88 \$700 Sic \$2500 63/21/2667 fenoisivosagonal EXAMINER ARTRING CLASS-SUBCLASS WONG, EDMA 1753 204-157676 Change of correspondence address or indication of "Fee Address" (27 CFR 1.363). For printing on the parent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively. Change of correspondence address (or Change of Correspondence Address, form FTO/SB/122) attacked. Allen, Dyer, Doppelt, Milbrutt & (2) the name of a single first threing as a member a registered aburney or upon) said the names of up to 2 registered patent attention or agents. If no name is fisted, no name will be printed. Gildson R.A. Cabando, Florida 10862 Ci "Fee Address" indication (or "Fee Address: romannon with PTO/SB/47; Roy 03-62 or more recent) sitached. Use of a Customer 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (wind or typo) PLEASE NOTE: Dulese as assignee is identified below, to assignee data will appear on the patent. If an assignee is identified below, the document has been filed for examination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE FLORIOM STATE UNIVERSITY (B) RESIDENCE: (CITY and STATE OR COUNTRY) 97 S. WEDOWARD AVENUE, STE. -300 TAMAHASSEE, FL 32306-4166 Reseally Pourpation, INC. Planse check the appropriate assignce category or categories (will not be printed on the patem) : 🔲 Individual 💢 Corporation or other private group eatity. 🛄 Government is. The following foc(s) are sobmitted: 4b. Paymont of Foc(s): (Please first reapply any previously paid issue fee shown above) arit sacet **Ba**n A check is enclosed. A Payment by crisis card. Form PTO-2038 is suncted. D Publication Fee (No small emity discount permitted) Li Advance Order - # of Copies I The Director is hereby sudderized to charge the required fee(s), any deticioncy, or credit an overpayment, in Deposit Account Number (enclose an extra copy of this form). 2. Change in Entity Status (from status indicated above) L.J. a. Applicant cizius SMALL ENTITY suuss, Sec/17 CFR 1.27. Lik Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Far Discourses will make accepted from anyone other than the uppleams, a registered attorney or agent, or the assignee or other party in interest as shown by the region of the manual public trademark Office. 1-29-67 Asthorized Signager Registration No. 37, 823 Typed or printed name <u>ENAIQUE</u> G. ESTEVED This restirction of information is required by 37 CFB 1.311. The information is required to situain or require a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is giverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and subtracting the completed upilities the form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time year require to complete this form a subtracting special points for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO Commissioner for Parents, P.O. Box 1430, Alexandria, Virginia 22313-1450.

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